

**THE COMMONWEALTH OF MASSACHUSETTS
CITY OF AMESBURY
APPLICATION FOR LICENSE**

New ☐ Renewal ☐ Due \$ 85.00

To the Licensing Authorities:

The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto:

SUNDAY JUKE BOX

ESTABLISHMENT NAME: _____

OPERATING HOURS: _____

ADDRESS (STREET AND NUMBER): _____

In said City of Amesbury, Massachusetts; In accordance with the rules and regulations made under Authority of said Statutes.

MAILING ADDRESS (IF DIFFERENT): _____

Signature of Applicant

Applicant's Home Address

Printed Full Name

Daytime Business Telephone Number

Business Email Address

Certification Clause

I certify, under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual **or** Corporate Name (Mandatory)

By: Corporate Officer (if applicable)

** Social Security Number or Federal ID Number

Date

**Your social security number will be furnished to the Mass. Dept. Of Revenue to determine whether you have met tax filling or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of MGL Chapter 62C Section 49A.

Below this line to be completed by Clerk's Office

City Clerk Approval: _____

Date: _____

License Number: _____

Due: \$85.00 Paid: \$ _____ Cash / Check